

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043920

FILED
Mar 24, 2009
Secretary of State

Entity Name: S.H. MEDICAL CORPORATION

Current Principal Place of Business:

3061 NW 82 AVE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3061 NW 82 AVE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0499670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVADE, HECTOR
5701 COLLINS AVE
715
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALVADE, HECTOR L
Address: 3061 NW 82ND. AVE
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: SALVADE, MARIA E
Address: 3061 NW 82 AVE.
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: SALVADE, MARCELO H
Address: 3061 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

Title: M () Delete
Name: CORREA, IZABELLA M
Address: 3061 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: SALVADE, FERNANDO A
Address: 3061 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

Title: M () Delete
Name: RIVERA, JOSE
Address: 3061 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR L. SALVADE

Electronic Signature of Signing Officer or Director

MR.

03/24/2009

Date